## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001058

FILED Jan 08, 2008 Secretary of State

Entity Name: TREASURE COAST OF FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL

PROPERTY MANAGERS, INC.

Current Principal Place of Business: New Principal Place of Business:

2667 SW PORT ST LUCIE BLVD. PORT ST LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

PO BOX 1352 PO BOX 7870

JENSEN BEACH, FL 34958 PORT ST. LUCIE, FL 34985 78

FEI Number: 14-5308194 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HEIST, H. ANTHONY 1661 ESTERO BLVD STE 20 FT MYERS BEACH, FL 33931

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Clarkeria Cinnakura of Davietanad Araut

Electronic Signature of Registered Agent

US

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 SCHEVERS, SELMA
 Name:
 CARLOS, SUSAN

 Address:
 2667 SW PORT ST. LUCIE BLVD.
 Address:
 2667 SW PORT ST. LUCIE BLVD.

 City-St-Zip:
 PORT ST. LUCIE, FL 36953
 City-St-Zip:
 PORT ST. LUCIE, FL 34953

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

Name: CARLOS, SUSAN Name: PHELPS, DAVID

Address: 2667 SW PORT ST. LUCIE BLVD. Address: 2920 UNIVERSITY DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD () Delete Title: TD (X) Change () Addition

Name: GERDES, BRENDA F Name: AYR, SANDRA

Address: 2355 SE SEAFURY LANE Address: 2667 SW PORT ST. LUCIE BLVD. City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN CARLOS D 01/08/2008